

## **THE USE OF AUDIO- AND VIDEO-RECORDINGS IN SUPERVISION**

The BPS Accreditation Criteria (See section C: Supervised Practice in the handbook) state that “trainees must have the opportunity to observe the work of their supervisors and that supervisors observe the work of trainees” (BPS, October 2016, Section 2.7.10). The programme requires that trainees on each placement gain the opportunity to both observe the clinical practice of others and be observed in a variety of ways in accordance with their needs and the constraints of the placement. Since September 2016, the new BPS Accreditation Criteria sees observation as a mandatory aspect of the training process. At Sheffield, every trainee will be observed on at least three separate occasions on each placement. The supervisor, via the e-portfolio system will sign off that observations have taken place and will include both clinical and observations of trainees within a team focus.

It would be hard to imagine training in many practical skills (plumbing, surgery, art, cookery, bricklaying) being undertaken without a significant proportion of the trainee’s work being seen by the supervisor and that of the supervisor being demonstrated to the trainee. Factors which work against this in applied psychology are the issues of confidentiality, the time needed to listen to digital recordings, the experience of intrusiveness, the planning and preparation involved in ensuring familiarity with the technology, and fears of being ‘found out’. However, increasingly in a range of key psychological trainings, most specifically IAPT, observation of clinical sessions is considered key to the development of effective clinical skills.

The use of recordings (and live supervision) adds to the complexity of the supervision process with the need to agree ways of using the material supportively and as an aid to skill development. Advantages include the option to review the interpersonal processes taking place between the psychologist and client, to focus on particular areas of trainee development, to benefit from a different perspective on the work, and for the supervisor to listen to or see, as well as hear about the work.

### **Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Other Local Policies**

Trainees should ensure that they are aware of the relevant SHSC policies in relation to recording and of any other local policies or procedures. When working in organisations outside of SHSC, trainees should familiarise themselves with local policy. Recordings should be encrypted and stored securely and in accordance with local Trust requirements.

### **Issues of Consent**

In order to record sessions with clients, written consent is required. Consent forms may be constructed to suit the clinical situation but benefit by providing an explanation to clients of how recording will be useful to them, for example by allowing therapists to devote their full attention to the client without the need for extensive note-taking and allowing them to collaborate with an experienced colleague. Recordings may also be offered to clients as a means for them to review their own work between sessions. In addition, consent forms need to include an explanation of the safeguards provided by the worker for the use of the recorded material. There may need to be separate sections by which the client can consent to the recording being used for the purposes of the therapy, and for its use in teaching and/or research and for the trainee to use the clinical material to support the write up of case studies submitted to meet the

academic requirement of the training programme. If more than one client is seen at a time, as in family therapy or couple work, each participant may be required to give consent.

## **Introducing Recording and Consent to Clients**

The introduction to the session will need to incorporate an explanation of the use of the recording and the safeguards of the material which can be expected by the client. The introduction benefits from being assured, clearly describing the use of the digital encrypted recordings etc, but not inducing undue anxiety. It may benefit from being written down, learned and rehearsed. A common approach is to ask whether the client has any objections to the session being recorded and to discuss any anxieties that the client may have about this via preforma consent forms which can be discussed within the session (trainees can access these forms on the University's MOLE system)

## **Negotiating the Review Process**

Once it has been agreed to use recordings in supervision, negotiation between the supervisor and trainee might address issues of control of the use of the recording, the focus of the supervision and the roles of the supervisor and trainee. Some methods for using tapes (e.g. Interpersonal Process Recall) leave the control of the tape entirely in the hands of the recaller (supervisee), who can choose to stop the tape at any point for a structured discussion during which the supervisor acts as an enquirer. Similarly, the focus of a particular supervision session can be negotiated such that it is chosen exclusively by the trainee. The role of the supervisor can be defined, for example, as an enquirer, commentator, giver of critical feedback, maker of suggestions etc. Early on in using recordings it may seem more comfortable for the trainee to be responsible for choices about these issues, with supervisors acting as facilitators, providing, within their competence, what is asked of them (see Scaife, 2001, chapter 8).

## **Review of a Complete Session**

The review of a complete session in supervision is a time-consuming process. Several minutes can be spent in processing a few seconds of recording. It does offer the advantages of being able to follow the whole of the session, beginning, middle and end, looking at continuity and the development of the therapeutic process. This might be helpful in selecting overriding themes in the work or in trainee development, but is unlikely to be feasible in more than a few cases over the course of training. Agreement would need to be reached as to whether the trainee and supervisor listen to the recording together or separately.

## **Review of Selected Extracts of Recordings**

Various approaches are possible to the selection of extracts of recordings for supervision. The trainee might listen to the recording in advance or, on the basis of recollection of the session with the client, select particular sections to ascertain the supervisor's opinion of the meaning of the interaction with the client, what might have been done in response to developments in the session, an opinion of a specific skill or technique and so on. The supervisor might do the same. Alternatively, sections may be selected at random for discussion or with a view to identifying some development made by the trainee, which may be compared with an earlier extract from work with the same client.

## Interpersonal Process Recall

This is a method for the use of tapes in a variety of contexts, which include supervision, developed by Norman Kagan in the USA. The method may be used for the review of tapes of any conversation with single or multiple recallers who took part in the reviewed conversation. Key elements of the method include the control of the tape remaining with the recaller throughout, the recall being facilitated by the 'enquirer' who asks particular types of questions about the experience of the recaller **at the time** the interaction was taking place. It assumes that a great deal was taking place in the interpersonal process which can later be explored by the recaller, providing an opportunity for the development of ideas about the meaning and course of the interaction. The role of enquirer is complex and requires a sustained focus on helping recallers to develop their own understanding and ideas, rather than the intrusion of any ideas that the enquirer might have about the interpersonal process that was taking place.

Our experience on the programme suggests that the use of a range of media for supervision offers many advantages over the more usual preference for reported work. It creates a context of openness about the work in which what can initially seem a very scary threat to one's professional self comes to be experienced as a sharing of responsibility for clinical outcome with exciting opportunities to share ideas and try out new approaches in an atmosphere of trust.